



RI Department of Health
Three Capitol Hill
Providence, RI 02908-5094

www.health.ri.gov

Interim Health Advisory

Date: August 5, 2009
To: All Healthcare Providers
From: Director of Health, David R. Gifford, MD, MPH
Re: Vaccination Planning for H1N1

Rhode Island: 199 confirmed positive cases, 75 hospitalized to date, 3 deaths
National Report: 47 states (including DC, American Samoa, Guam, Puerto Rico & Virgin Islands) with 5,514 hospitalized cases, 353 deaths

This fall, two different types of influenza vaccine are expected to be recommended--seasonal vaccine for most people and a separate H1N1 vaccine for high-risk groups.

Seasonal Influenza Vaccine

Seasonal vaccine will arrive before H1N1 vaccine and will be distributed through our usual pediatric and adult programs. Timely seasonal flu vaccination is critical with the emergence of H1N1. Because seasonal viruses are co-circulating with the H1N1 virus, and an increase in serious illness and death is predicted in the 2009/2010 season. **The most important step for vaccine providers this fall is to plan to administer the seasonal influenza vaccine as quickly as possible.** As soon as we have confirmed delivery dates for seasonal influenza vaccine, we will notify providers who have ordered vaccine.

H1N1 Vaccine

Five manufacturers are producing H1N1 vaccine, and it will be available in both inactivated injectable and live attenuated nasal spray forms. CDC will purchase and provide the vaccine and supplies (needles, syringes, alcohol swabs, and sharps containers) to vaccine providers at no cost.

On July 29, 2009, the Advisory Committee on Immunization Practices (ACIP) recommended H1N1 vaccine be made available first to the following five groups*:

- Pregnant women
- Healthcare workers and emergency medical responders
- Household contacts and caregivers of infants younger than 6 months of age
- Anyone ages 6 months through 24 years
- Anyone age 25 through 64 years of age with chronic medical conditions (e.g. asthma, diabetes)

*(If demand for H1N1 vaccine exceeds availability, ACIP recommends that highest priorities should be pregnant women, household contacts and caregivers of infants younger than six months of age, healthcare workers and emergency medical personnel with direct contact with patients or infectious disease materials, children ages six months to four years of age and children ages 5 years through 18 years with chronic medical conditions.)

Once the demand for H1N1 vaccine for all prioritized groups has been met, ACIP recommends vaccinating everyone age 25 through 64 years. Current studies indicate the risk for infection of H1N1 among persons age 65 or older is less than the risk for younger people to be infected. Therefore, providers should only offer vaccination to people age 65 or older if demand for H1N1 vaccine among younger age groups is met and H1N1 vaccine is still available.

Provider Enrollment for H1N1 Vaccination Program

HEALTH is in the process of developing an on-line enrollment system for all providers who want to administer H1N1 vaccine. Providers will have authorized access to a secure website using a unique user ID and password. Terms and conditions of vaccine use and weekly reporting requirements defined by CDC will be displayed on the screen and require acceptance upon enrollment into the program. Providers

currently enrolled in Rhode Island's pediatric and adult seasonal influenza vaccine programs will have to register separately for the H1N1 vaccination program. Enrollment is expected to begin by the end of August. **A current e-mail address will be required to enroll in the H1N1 vaccination program** as e-mail will be the primary source of communication for any updates and/or communications for the H1N1 vaccination program. Providers will be notified via email when H1N1 vaccine is available for distribution.

Responding to H1N1

A successful public health response to H1N1 requires the active participation of a wide range of immunization providers in many venues (pediatrics, OB/GYNs, family practice, internists, hospitals, community vaccinators, etc). As information becomes available about vaccine supplies, federal reporting requirements and coverage for administration fees in non-traditional settings, HEALTH will distribute and post on the website. HEALTH recommends that all providers begin planning how to reach their patients and if they want to participate in H1N1 vaccination efforts.

To view clinical information in provider update dated 07/22/09, visit
<http://www.health.ri.gov/pandemicflu/ProviderAdvisory/ProviderUpdate072209.pdf>